

# Violence, Injuries and Disability

B I E N N I A L

# 2006 2007

R E P O R T



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Organization



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# Foreword



I am pleased to share with you the biennial report 2006–2007 of the World Health Organization (WHO) area of work on violence, injuries and disability. Since 2000, when WHO created a Department tasked to address these issues, the Organization's activities – and the field in general – have expanded considerably.

The biennial report describes highlights of activities conducted by WHO regional and country offices and headquarters in this area of work during the past two years. Most of these activities are undertaken in close collaboration with other agencies and institutions. The achievements noted in this report would not be possible without these partners and friends. They are warmly thanked for the collaboration.

In all regions, governmental agencies and civil society organizations are increasingly aware of the strain that violence and injuries place on their communities. In response they are strengthening data collection systems, improving services for victims and survivors and increasing prevention efforts. They are also identifying ways to ensure that people with disabilities are able to participate fully in their societies.

The range of activities supported by WHO – particularly in low-income and middle-income countries – has expanded markedly. Highlights of this biennium's activities include support for child maltreatment prevention programmes in Brazil, Jamaica and the Philippines; projects to document the magnitude and economic costs of violence in Kenya, Uganda and the United Republic of Tanzania; road traffic injury prevention activities in Ethiopia, Mexico, Mozambique, Turkey and Viet Nam; support to data collection efforts in Belize, Cameroon, Costa Rica, Lithuania, Nigeria and the Russian Federation; emergency trauma care activities in Cambodia, India and the Lao People's Democratic Republic; support to community-based rehabilitation in Pakistan and the Islamic Republic of Iran; and capacity building activities through partnership arrangements involving more than 60 countries including Canada, Ghana, Nepal, The former Yugoslav Republic of Macedonia, the United States and the United Kingdom.

At a global level highlights from the biennium include the October 2006 launch of the *UN Secretary-General's study on violence against children* and related *World report on violence against children*; the December 2006 adoption of the Convention on the Rights of People with Disabilities; the hosting in April 2007 of the World Youth Assembly for Road Safety within the context of the First UN Global Road Safety Week; and the May 2007 adoption of World Health Assembly resolution WHA60.22 *Health systems: emergency care systems*.

This biennium also provided an opportunity to convene for the first time ministry of health staff in charge of violence and injury prevention at global level. The First Global Meeting of Ministry of Health Focal Points for Injury and Violence Prevention took place in the margins of the 8th World Conference on Injury Prevention and Safety Promotion held in South Africa in March 2006. A key outcome is the document *Preventing injuries and violence: a guide to ministries of health*. A must-have reference for officials in ministries of health, particularly those just beginning to address these

issues, the guide helps them to understand their precise role in violence and injury prevention at the national and local levels and to establish effective and sustainable programmes.

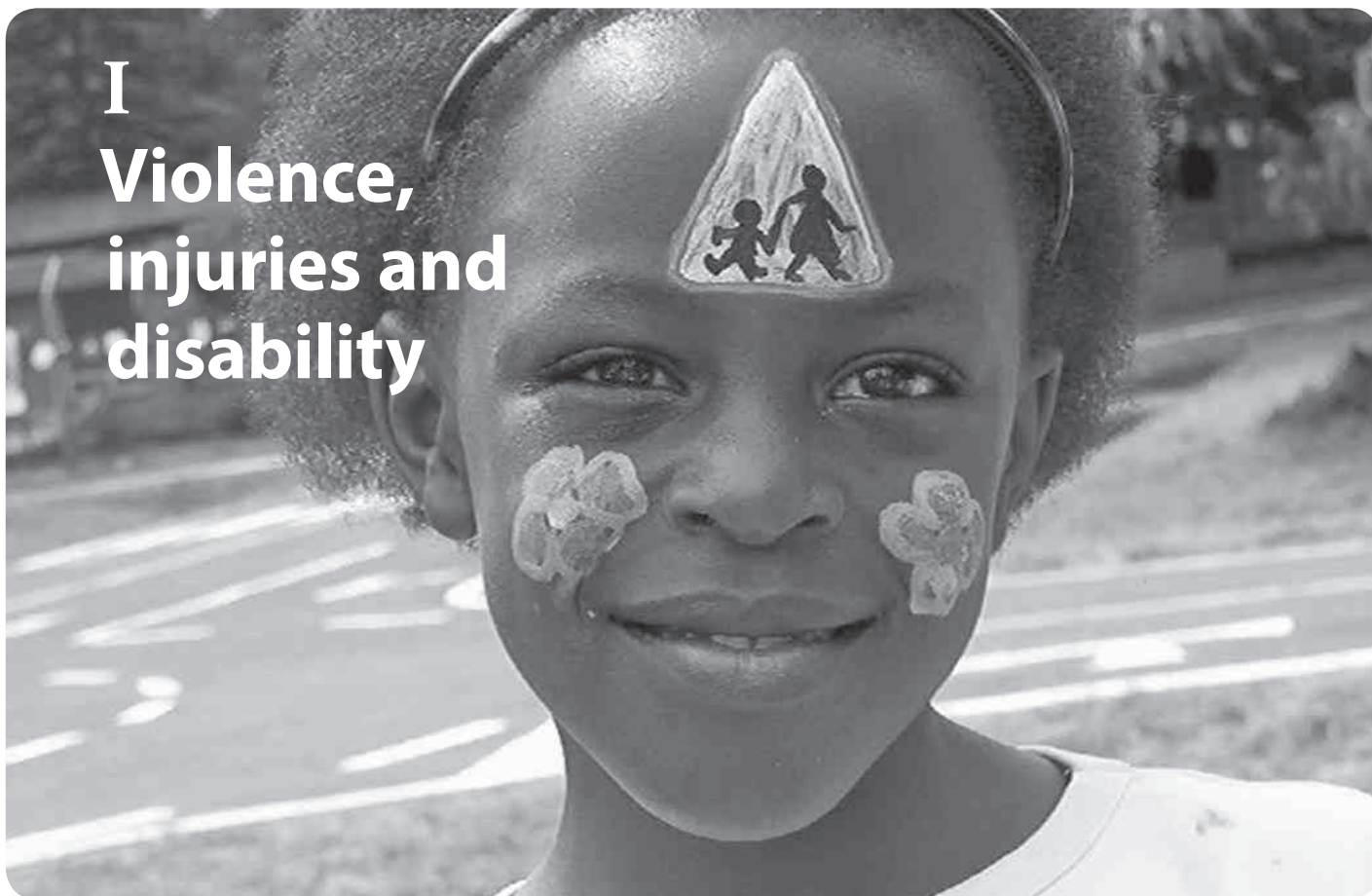
While progress has been made, much more work is needed. Recent projections show that unless additional steps are taken road traffic injuries will become the fifth leading cause of death by the year 2030, suicide the twelfth and homicide the sixteenth. Let's continue to work together to prove these predictions wrong.

A handwritten signature in black ink, appearing to read 'Etienne Krug', with a horizontal line underneath.

Dr Etienne Krug, Director  
Department of Violence and Injury Prevention and Disability



# I Violence, injuries and disability



ASPIE

## **Summary statement on violence, injuries and disability**

**VIOLENCE AND INJURIES ARE AMONG THE LEADING HEALTH CHALLENGES OF** our times. They are a major threat to health in every country in the world, and are responsible for over five million deaths and millions of injuries annually. Eight of the 15 leading causes of death for people aged 15–29 years are violence or injury-related. Those families and communities that can least afford to shoulder the costs associated with violence and injuries are those most at risk. As such the consequences come at great social and economic cost to societies. Given current trends, the global burden of violence and injuries is expected to rise during the coming decades, further impeding development and draining scarce resources (Table 1).

**Table 1. Leading causes of death, 2004 and 2030 compared**

Source: World health statistics 2008

Disease or injury	2004			2030		
	Deaths (%)	Rank	Rank	Deaths (%)	Disease or injury	
Ischaemic heart disease	12.2	1	1	14.2	Ischaemic heart disease	
Cerebrovascular disease	9.7	2	2	12.1	Cerebrovascular disease	
Lower respiratory infections	7.0	3	3	8.6	COPD	
COPD	5.1	4	4	3.8	Lower respiratory infections	
Diarrhoeal diseases	3.6	5	5	3.6	Road traffic injuries	
HIV/AIDS	3.5	6	6	3.4	Trachea, bronchus, lung cancers	
TB	2.5	7	7	3.3	Diabetes mellitus	
Trachea, bronchus, lung cancers	2.3	8	8	2.1	Hypertensive heart disease	
Road traffic injuries	2.2	9	9	1.9	Stomach cancer	
Premature and low birth weight	2.0	10	10	1.8	HIV/AIDS	
			12	1.5	Self-inflicted injuries	
Self-inflicted injuries	1.4	16				
			16	1.2	Violence	
Violence	1.0	22				

Many of those who survive violence and injuries incur temporary or permanent disabilities. Disabilities resulting from these and other causes affect the lives of an estimated 650 million people worldwide, the vast majority in low-income and middle-income countries. Stigma and discrimination and lack of access to education, employment and health and rehabilitation services limit the ability of people with disabilities to fully participate in their societies. Disability is also a cause and a consequence of poverty.

“In many developing countries, the speed of modernization has outpaced the ability of governments to provide the necessary supporting infrastructures. This is true in urban shantytowns, and this is true on the roads. Developing countries, already saddled with the double burden of infectious and chronic diseases, do not need a third burden of deaths, injuries and disabilities from violence, accidents, suicide and traffic crashes.”

Dr Margaret Chan, WHO Director-General, 12 November 2007, Opening remarks at the Fourth Global Meeting of Heads of WHO Country Offices

In recent years awareness of violence, injuries and disability as important health and development issues has grown. Gains in political commitment are evidenced by the adoption of important policy documents at the international, regional and country levels. More countries than ever have assigned staff within ministries of health to lead efforts and they are working with partners to improve their surveillance systems, prevent violence and injuries and increase access to comprehensive and appropriate care for victims and people living with disabilities. There is also a growing body of research in the area of work.

Despite these promising developments, the urgency of the problem has not yet been met with the response it requires. Strategies to address these complex issues are clustered in high-income countries, and where they do exist elsewhere are often left to single sectors of society. The evidence for effective prevention remains

uneven, addressing only certain risk factors or categories of injury. The needs of people with disabilities are not adequately reflected in health policies and health systems. The international development community has not yet recognized that violence, injuries and disability must be integrated into the development agenda, and the absence of these issues from the Millennium Development Goals keeps them a low priority.

## WHO response

WHO has been asked by its global and regional governing bodies (Box 1) to address violence, injuries and disability in its work. WHO has provided leadership in this area, through technical support to countries on primary prevention, advocacy, capacity building, policy development, data collection and care and services. In cooperation with a range of partners, WHO has focused on developing evidence-based normative tools to inform the content of country-level work. A key strategy has been the development of world reports such as the *World report on violence and health* and the *World report on road traffic injury prevention*. These reports have provided strong platforms for advocacy that have been used to leverage the will and resources of governments. They also provide sound policy and programme recommendations, and together with related technical guidelines, constitute a set of tools countries can use to tackle the issues. During the biennium WHO has been working with selected countries to implement its normative tools and move towards establishment of model country programmes.



### BOX 1: World Health Organization governing body resolutions with a main focus on violence, injuries and disability since 1990

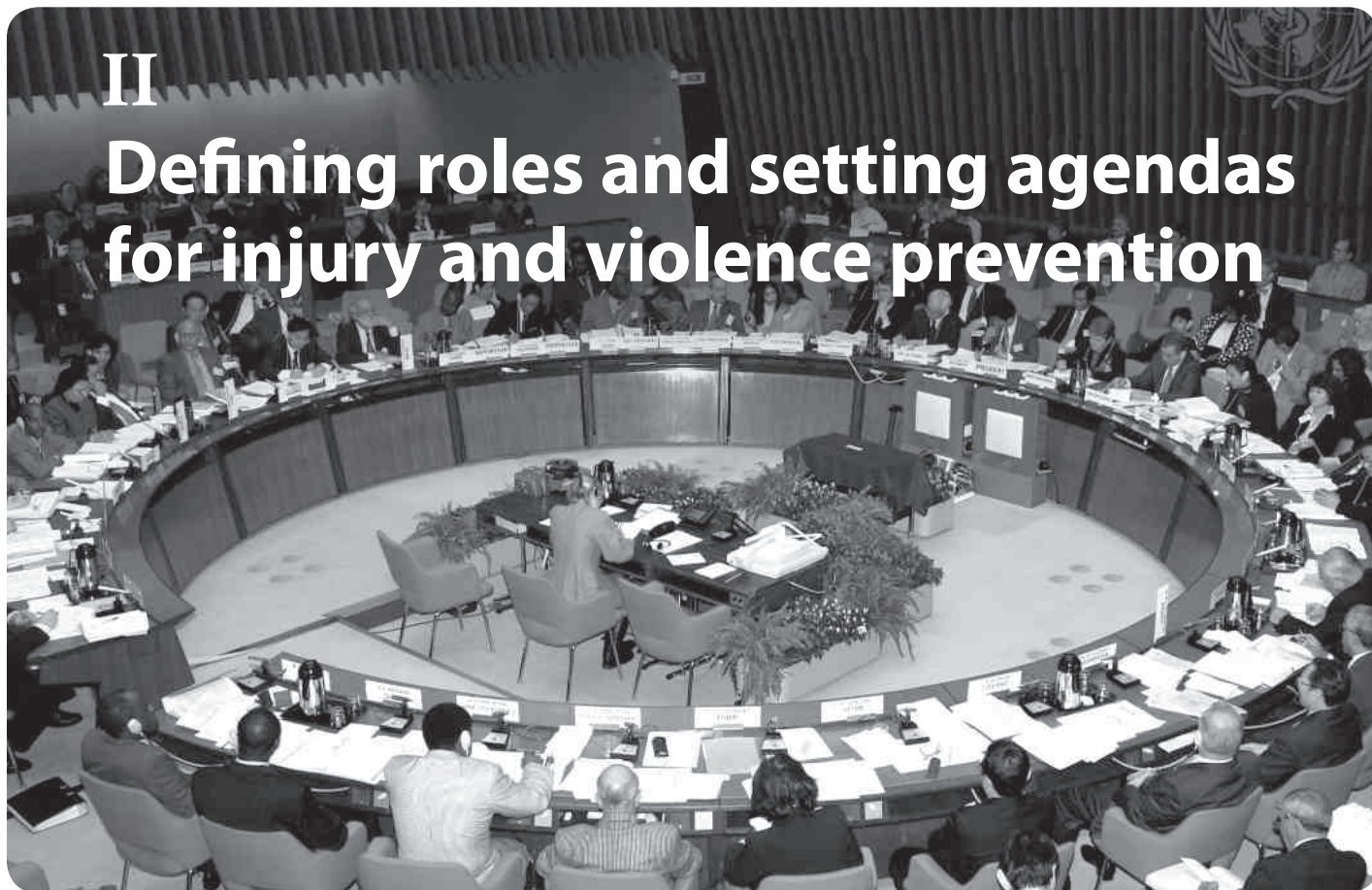
#### World Health Assembly Resolutions

- 2007 Health systems: emergency care systems, WHA60.22
- 2005 Disability, including prevention, management and rehabilitation, WHA58.23
- 2004 Road safety and health, WHA57.10
- 2003 Implementing the recommendations of the *World report on violence and health*, WHA56.24
- 1998 Concerted public health action on anti-personnel mines, WHA51.8
- 1997 Prevention of violence, WHA50.19
- 1996 Prevention of violence: a public health priority, WHA49.25
- 1992 Disability prevention and rehabilitation, WHA45.10

#### WHO Regional Committee Resolutions

- 2006 Disability: prevention and rehabilitation in the context of the right to the enjoyment of the highest attainable standard of health and other related rights, PAHO CD47/15
- 2005 Injuries in the WHO European Region: burden, challenges and policy responses, EUR/RC55/10
- 2004 Child sexual abuse: a silent health emergency, AFR/RC54/R6
- 2003 Impact of violence on the health of populations in the Americas, PAHO CD44/15
- 2003 Injury prevention and control in the African Region: current situation and agenda for action, AFR/RC53/R3
- 1990 Violence and health, PAHO CD37/19

## II Defining roles and setting agendas for injury and violence prevention



### **Creating global and regional networks of ministry of health focal points for injury and violence prevention**

IN AN ATTEMPT TO STRENGTHEN THE WORK OF MINISTRIES OF HEALTH IN INJURY and violence prevention, WHO has created global and regional networks of ministry of health focal points. In March 2006 WHO convened for the first time at global level governments' officially nominated focal points. The meeting, which was held in South Africa as a pre-meeting to the 8th World Conference on Injury Prevention and Safety Promotion, was attended by 84 focal points from 67 primarily low-income and middle-income countries, representatives of WHO Collaborating Centres and WHO staff. An evaluation of participating focal points revealed some telling findings. On average the focal points had been in their positions only 15 months, and they devoted half their time to injury and violence prevention. Most had no funding for prevention activities. Hence their enthusiasm at finding themselves among counterparts from other countries who share many of the same challenges, but who have been able to make some progress. The main outcomes of the meeting include: a decision to strengthen collaboration between the focal points and WHO through creation of a global network and plans to develop a document on the role of ministries of health in preventing injuries and violence. The First Global Meeting of Ministry of Health Focal Points for Injury and Violence Prevention was an important milestone for the

field as well as WHO's efforts in this area of work. Regional meetings of ministry of health focal points were also held during the biennium in Manila, Philippines in May 2006; in Cairo, Egypt in December 2006; in Salzburg, Austria in June 2006; in Nadi, Fiji in April 2007; in Sirindhorn, Thailand in September 2007; and in Lisbon, Portugal in November 2007.

## **Preventing injuries and violence: a guide for ministries of health**

*Preventing injuries and violence: a guide for ministries of health*, which was released at the 60th World Health Assembly in May 2007, focuses on the main governmental body responsible for carrying forward the public health response: the ministry of health. The document was developed to help ministries of health define their precise role in violence and injury prevention and management at the national and local levels, and establish durable and effective programmes. The guide is currently available in Arabic, Chinese, English, French, Russian and Spanish. Visit: [http://www.who.int/violence\\_injury\\_prevention/publications/injury\\_policy\\_planning/prevention\\_moh/en/index.html](http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en/index.html) .



### **BOX2: European network of national ministry of health focal points for violence and injury prevention**

In order to reinforce a broader public health approach to violence and injury prevention in the region, the WHO Regional Office for Europe convenes a network of ministry of health focal points. Following a first meeting in the Netherlands in 2005, a second meeting was held in Salzburg, Austria in June 2006 hosted by WHO in collaboration with the American Austrian Foundation with the support of the Austrian Federal Ministry of Health and Women and the European Association for Injury Prevention and Safety Promotion (EuroSafe). A third meeting of the network was held in Lisbon, Portugal in November 2007 hosted by WHO with the support of the Portuguese Ministry of Health. This most recent meeting of the network was attended by ministry of health focal points from an impressive 38 countries across Europe. In addition to planning collaboration on data collection in terms of developing a core set of indicators and capacity building in terms

of developing training modules on advocacy and intersectoral collaboration, the most recent meeting of the network focused on developing a web-based tool to report on progress made on implementation of key regional policy instruments. Visit: [http://www.euro.who.int/violenceinjury/network/20060124\\_1](http://www.euro.who.int/violenceinjury/network/20060124_1).



Third meeting of the network of focal persons for violence and injury prevention in the WHO European Region. Lisbon, Portugal, November 2007

WHO/EURO/D. Sechi



### III Prevention of violence

## Supporting national violence prevention initiatives

AS MORE GOVERNMENTS AROUND THE WORLD EMBRACE THE NOTION THAT VIOLENCE can and must be prevented, many are seeking to gain a better understanding of the violence problem in their countries as a basis for designing, implementing and monitoring effective prevention strategies. To this end, the number of countries producing national violence and health reports has risen from four in 2005 to nearly 20 by the end of 2007, and the number of officially appointed violence prevention focal points has doubled to over 100. Countries that initiated new violence-prevention activities in collaboration with WHO – such as data collection, research on the costs of violence, evaluation of prevention programmes, the establishment of national prevention institutes or task forces, and the improvement of victim services – include: Angola, Argentina, Belgium, Brazil, Canada, China, Colombia, Congo, El Salvador, Finland, France, Germany, Guatemala, Honduras, India, Jamaica, Jordan, Kenya, Latvia, Malaysia, Mongolia, Mozambique, Nepal, Nicaragua, the Philippines, Peru, the Russian Federation, South Africa, Thailand, The former Yugoslav Republic of Macedonia, Uganda, the United Kingdom of Great Britain and Northern Ireland, the United Republic of Tanzania, the United States of America, and Yemen. Examples of violence prevention activities initiated in partnership with WHO include:

- In Brazil, the University of São Paulo's Centre for the Study of Violence conducted pilot studies to inform the design of a child maltreatment prevention programme using a combination of home visitation and centre-based parent training for teenage mothers resident in some of São Paulo's most deprived urban areas. Each year, over 20% of all Brazilian infants are born to teenage mothers, many living in situations of extreme poverty with few social, financial and education support systems and even fewer opportunities to build a solid future for themselves and their children. Interventions are being designed with reference to what has already been shown to work by existing outcome evaluation studies and what is feasible given the local circumstances. Integral to the programme is a system for monitoring and evaluating its impact on the health, safety and well-being of the mothers and infants it will reach.
- Jamaica has continued to consolidate its national violence prevention activities through the combination of strong Ministry of Health leadership and the formation of the Jamaican Chapter of the Violence Prevention Alliance. Violence prevention is prioritized in the National Strategic Plan for the Promotion of a Healthy Lifestyle, and recent efforts to document violence prevention programmes and to better estimate the economic impact of violence have helped strengthen prevention programmes. One of the latest developments in this particular area is the establishment of the Jamaica Crime Observatory, a facility which integrates data about crime and violence from several organizations, including the Jamaica Constabulary Force, the University of the West Indies Peace and Justice Centre and the Ministry of Health. Other recent prevention activities have included the establishment of a "Learning for Life" programme to provide disadvantaged, out-of-school adolescents and young adults with job training and enrolment; a new structured after-school programme for older children and adolescents; and a variety of public advocacy campaign activities.
- In Kenya, Uganda and the United Republic of Tanzania, work commenced on projects to better document the magnitude and the costs of injuries due to interpersonal and self-directed violence. In each country, a team of government health professionals and researchers was assembled. Country teams combine methods for the rapid assessment of violence-related deaths and injuries with a systematic procedure for estimating the direct and indirect economic costs of these deaths and injuries. The resulting estimates will be used to develop additional responses to violence.



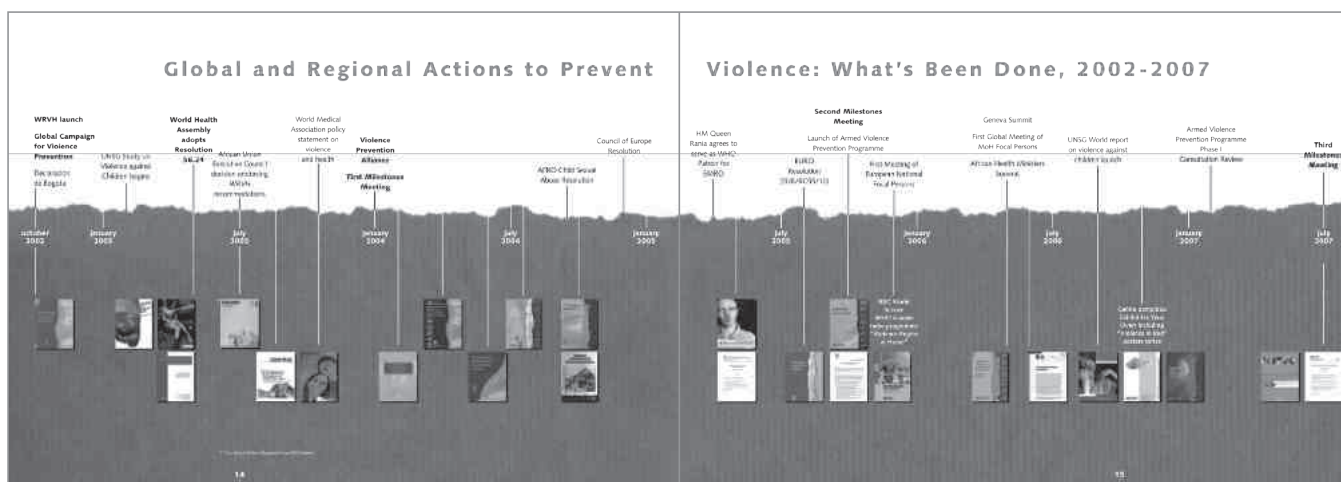
Centre Pompidou exhibit: les Yeux Overt featuring WHO "Violence in Red" poster series, October 2006.

- In Mozambique, WHO support for violence prevention programming has involved assisting with the development of surveillance systems for violence-related deaths and injuries presenting at morgues and hospital emergency rooms; the improvement of services for victims of sexual violence; the integration of violence and injury prevention into key health and development policy documents; and the drafting of national plans of action. As a result, the impact of violence on development has been recognized and the importance of its prevention reflected in the National Action Plan for the Reduction of Absolute Poverty (PARPA II) and the National Health Declaration Policy, as well as sectoral poverty reduction strategies. A national commission for violence and injury prevention was established within the Ministry of Health with experts on data, emergency care and disability. A report on firearm-related violence was released as a joint Ministry of Interior-WHO publication. A guideline on strengthening provincial violence prevention services was developed using information obtained through application of the WHO *Handbook for the documentation of interpersonal violence prevention programmes*, and an assessment of services for victims of sexual violence in Maputo was completed using the WHO *Guidelines for medico-legal care for victims of sexual violence*. Building on this assessment, an expanded report on sexual violence in Mozambique has been developed which aims to strengthen the health sector's response nationally.
- In the Philippines, the First National Meeting on Preventing Violence Against Children was convened in July 2007. Representatives from government ministries, nongovernmental organizations and UN agencies representing multiple sectors, discussed the outlines of a national plan of action for the prevention of violence against children that will complement existing policies and programmes for child protection services. Meeting presentations included a review of preliminary findings from a Filipino survey of the relationships between child maltreatment exposure, risk behaviours and health outcomes; examples of healthy start/early childhood care and development programmes; and commentary from senior representatives of the National Ministries of Health and of Social Welfare and Development, and the Senate Committee on Health. The meeting inputs have been used to draft a prevention framework built around universal (all children and families) and selective (high-risk children and families) interventions.

## **Third Milestones of a Global Campaign for Violence Prevention**

In July 2007, the Third Meeting on Milestones of a Global Campaign for Violence Prevention was held at the Scottish Police College in Kincardine, Scotland. Milestones 2007, generously hosted by the Violence Reduction Unit of the Scottish Executive, marked the five-year anniversary of the launch of the *World report on violence and health*. The meeting was attended by nearly 200 delegates including the Minister of Health of Mexico, the Chief Medical Officer of Ghana, and the Deputy Chief Medical Officer of the Scottish Executive along with policy-makers, high-level planners and others with decision-making authority at all levels of society. The meeting focused on





scaling up violence prevention globally. Presentations highlighted recent advances and ongoing work in violence prevention at the regional and country level. Participants defined ways to collaborate on expanding evidence-based approaches to violence prevention and enhancing the evaluation of these. The meeting also served as an opportunity to launch the document, *Third milestones of a Global Campaign for Violence Prevention report 2007: scaling up*, an excellent review of violence prevention efforts falling under the banner of the Global Campaign for Violence Prevention. Visit: [http://www.who.int/violence\\_injury\\_prevention/media/news/19\\_07\\_2007/en/index.html](http://www.who.int/violence_injury_prevention/media/news/19_07_2007/en/index.html).

Overview of WHO-supported initiatives and programmes to prevent violence.

Source: *Third milestones of a Global Campaign for Violence Prevention report 2007: scaling up*.

## **Preventing child maltreatment: a guide to taking action and generating evidence**

In October 2006 WHO and the International Society for Prevention of Child Abuse and Neglect (ISPCAN) released the world's first ever international guide on how to prevent child maltreatment. *Preventing child maltreatment: a guide to taking action and generating evidence* is aimed at helping to expand the number of studies on the magnitude and consequences of maltreatment, and to increase investment in large-scale evaluation of child maltreatment prevention programmes aimed at children aged 0–14 years. Much of the violence endured by children of this age group occurs in the home at the hands of parents, caregivers, and family members. The consequences of this violence hinder children's health and development and can last well into adulthood, negatively affecting health and increasing the risks of further victimization and becoming a perpetrator of violence. *Preventing child maltreatment: a guide to taking action and generating evidence* is intended to assist countries to design and deliver programmes for the prevention of child maltreatment by parents and caregivers and is a practical tool that will help governments implement the recommendations of the *UN Secretary-General's study on violence against children*. The guide is being implemented with WHO support in Brazil, Malawi, Mozambique, the Philippines and South Africa. It is currently available in Arabic, Chinese, English and French. Visit: [http://www.who.int/violence\\_injury\\_prevention/publications/violence/child\\_maltreatment/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/child_maltreatment/en/index.html).



## ***UN Secretary-General's study on violence against children***

In October 2007, the *UN Secretary-General's study on violence against children* was presented to the Third Committee of the UN General Assembly. The Study was coordinated by a Secretariat with significant technical input over several years from WHO, the United Nations Children's Fund and the Office of the High Commissioner for Human Rights. A high-level panel featured the Independent Expert for the Study, WHO Acting Director-General, the United Nations Children's Fund Executive Director and the Deputy High Commissioner for Human Rights among others. Approximately 500 people attended the event, including representatives of missions, UN agencies and nongovernmental organizations as well as scores of young people from various regions of the world who had been involved in preparation of the Study. Member States welcomed the Study's findings and recommendations, and sought further clarification about what precisely

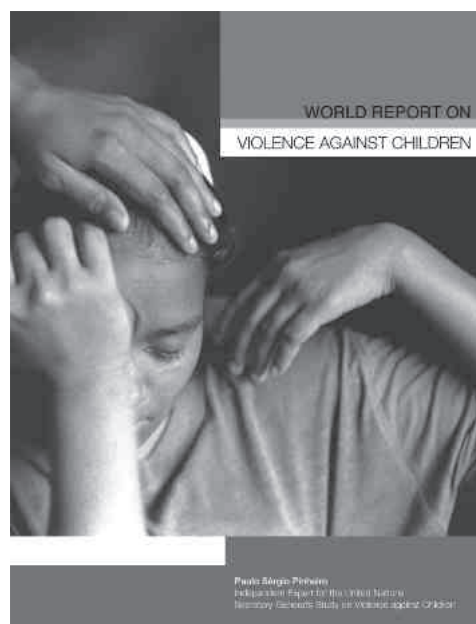
they can do to prevent violence against children in their countries. Related events included a reception held to preview the *World report on violence against children*, a detailed scientific report released as a complement to the Study; a press conference; a town hall style roundtable discussion; and launch of the child-friendly version of the Study. The former UN Secretary-General, Mr Kofi Annan, was the guest of honour at this latter event. Visit: <http://www.violencestudy.org/r25>.

“ Violence against children isn't just short-term hurt. It's long-term damage. As adults, these children face risks to both their mental and physical health. The *UN Secretary-General's study on violence against children* has made that clear. A few examples:

- They face increased risks of developing depression and suicidal behavior.
- They are at greater risk of cardiovascular diseases, cancers, and sexually transmitted infections than others.
- Without care, these children can grow into adults who continue the violence they experienced themselves.
- The pattern is of escalating harm – to each other, the communities they live in and to the societies that deal with the consequences and costs.

But we can stop this terrible cycle. Violence against children is not random. It is actually predictable. If it can be predicted, it can be prevented. There is growing, strong scientific evidence for this.”

Dr Anders Nordström, Former Acting WHO Director-General, 11 October 2007, Opening remarks at the presentation of the *UN Secretary-General's study on violence against children* to the Third Committee of the UN General Assembly



## Preventing intimate partner violence and sexual violence

In May 2007, the first ever WHO Expert Meeting on Primary Prevention of Intimate Partner Violence and Sexual Violence was held at WHO headquarters in Geneva. The meeting was co-hosted by the WHO Department of Violence and Injury Prevention and Disability and the WHO Department of Reproductive Health and Research. Experts with experience in primary prevention programmes participated in the meeting. They provided clear suggestions on content and structure for WHO advocacy and technical guidance documents. They also discussed the longer-term objectives of developing a global prevention strategy. The meeting report and a background paper reviewing available evidence for intimate partner violence and sexual violence prevention have been published. The technical guidance document will be developed during 2008. It will focus upon providing clear recommendations for concrete actions to prevent new acts of intimate partner violence and sexual violence from occurring by reducing risk factors and strengthening protective factors. The guidance document will also stress the importance of generating evidence on the impact of prevention strategies, and will provide recommendations on how to ensure that outcome evaluation is an integral part of new prevention programming. Visit: [http://www.who.int/violence\\_injury\\_prevention/publications/violence/IPV-SV.pdf](http://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf) .

### Posters on intimate partner and sexual violence from the WHO "Album" poster series



"1 in 2 female murder victims are killed by their male partners, often during an ongoing abusive relationship."



"1 in 4 women experience sexual abuse by an intimate partner in their lifetime."

## Violence Prevention Alliance

The Violence Prevention Alliance is a network of governments, nongovernmental organizations, international agencies and professional associations which share a public health approach to violence prevention. Since 2004 Alliance activities have facilitated the development of policies, programmes and tools to implement the recommendations of the *World report on violence and health* in communities and countries around the world. During the biennium, members convened on two occasions: in July 2007 in Scotland and in June 2006 in Belgium to chart future directions. During the most recent of the meetings,

representatives of WHO and 20 partner agencies finalized a draft of a document which will give guidance to international development agencies on how to invest in violence prevention. It is hoped that this document, to be released in 2008, will encourage donors of official development assistance to place violence prevention among their key health and development priorities. Visit: <http://www.who.int/violenceprevention/en/index.html> .

## Armed Violence Prevention Programme

The first phase of activities in the Armed Violence Prevention Programme was completed during the biennium. The Programme is a collaboration between the United Nations Development Programme and WHO with an overall objective of promoting more effective and coherent responses to armed violence. The first phase activities included global normative work as well as country work in Brazil and El Salvador. The activities concluded with a consultative review involving official development assistance agencies, UN bodies, academic institutions, nongovernmental organizations and the governments of Brazil and El Salvador. Representatives from a number of the other UN agencies present, including the United Nations Children's Fund, the United Nations Human Settlements Programme and the United Nations Office on Drugs and Crime, expressed the desire to join the second phase of the Programme. Activities are foreseen for 2008 in Guatemala, Jamaica and Kenya. Visit: [http://www.who.int/violence\\_injury\\_prevention/violence/activities/armed\\_violence/en/index.html](http://www.who.int/violence_injury_prevention/violence/activities/armed_violence/en/index.html) .

*Violence prevention campaign posters*



*Jamaica Ministry of Health / Violence Prevention Alliance*

## IV Prevention of road traffic injuries



WHO, M. Nguyen

### **Supporting national road safety initiatives**

**DURING THE BIENNIUM, WHO HAS ACTIVELY SUPPORTED COUNTRIES IN IMPLEMENTING** the recommendations of the *World report on road traffic injury prevention*.

- In Cambodia WHO is working with governmental and nongovernmental agencies to improve data collection on road traffic injuries and promote helmet wearing among motorcyclists. The Road Traffic Accident and Victim Information System, initially developed for Phnom Penh, was expanded to the 24 provinces of Cambodia. Monthly data reports are distributed widely. A survey on helmet wearing in Phnom Penh was completed, and a related media campaign was launched using public service announcements, posters, leaflets and stickers. WHO has also been providing technical support to the Ministry of Health to assist in strengthening trauma care services.
- In Egypt WHO has supported the National Safety Council to review the country's multi-sectoral Programme of Action on the Prevention of Road Traffic Injuries.
- In Ethiopia WHO continued to provide support to strengthen the data management capacity of the Addis Ababa Traffic Police Department. Eight officers from the Traffic Police Department were trained to make use of computer-based processing and analysis of road traffic injury data. In July 2007 WHO supported a training for more than 100 health and transport professionals and traffic police from different regions of the

country. The training was based on the modules of the *Road traffic injury prevention training manual*. At the same time a review was conducted of the data management capacity project, which indicated that the project should be taken up at the national level by the National Road Safety Coordination Office and that a few key areas should be addressed within the national programme, namely speed, pedestrian safety and public transport safety.

- In Mexico WHO is supporting partners from government and nongovernmental organizations to develop a road safety project focused initially on seat-belts and drinking and driving. Over the next two years, the Ministry of Health, the Ministry of Transport and others will implement and evaluate replicable programmes aimed at reducing or preventing road traffic crashes in four states of the country. Project components include support to nongovernmental organizations, training of road safety officials, purchasing of alcometers, strengthening law enforcement and media campaigns.
- In Mozambique WHO support focused on assisting in the development of a national road safety strategy, implementing a police-based data collection system in Maputo, and making use of available data to prepare advocacy materials. WHO has also collaborated on the evaluation of emergency medical services in Maputo City.
- In Turkey WHO is collaborating with the Ministry of Health and other partners to evaluate the current situation of road safety and to bring together experts from different sectors to tackle this leading cause of premature mortality.
- In Viet Nam WHO is collaborating with various partners, governmental and nongovernmental, to implement a road safety project on helmet wearing and drinking and driving. The project was boosted by the implementation and enforcement of a helmet wearing law in December 2007 for all users of motorized two-wheelers. As with the project in Mexico, components include support to nongovernmental organizations, training of road safety officials, purchasing of alcometers, strengthening law enforcement and media campaigns as well as rigorous evaluation.



WHO, M. Pecen



Raising awareness in Busia, Kenya during the First UN Global Road Safety Week.

## UN Road Safety Collaboration

In April 2004, the UN General Assembly resolution A/RES58/289 *Improving global road safety* invited WHO, working in close cooperation with the United Nations Regional Commissions, to act as coordinator on road safety issues across the UN system. Since the World Health Assembly accepted this invitation in May 2004, WHO has led the UN Road Safety Collaboration, an informal network of more than 50 UN agencies, government ministries of health and transport, nongovernmental organizations, private companies and foundations. During the biennium, the Collaboration developed a series of good practice road safety manuals, organized the First UN Global Road Safety Week and supported the World Day of Remembrance for Road Traffic Victims among other initiatives. Since its inception the Collaboration has evolved into one of the world's key players in global road safety. Visit: <http://www.who.int/roadsafety/en/>.

### UN Secretary-General's report *Improving global road safety*

In September 2007 Mr Ban Ki-moon, UN Secretary-General, issued his first report to the UN General Assembly on recent progress in global road safety. The Report summarized the achievements of the UN Road Safety Collaboration, and highlighted in particular the phenomenal success of the First UN Global Road Safety Week in April 2007. It called on Member States to continue using the WHO-World Bank *World report on road traffic injury prevention* as a framework for road safety efforts and requested the development of an appropriate global tool to monitor progress at national level. The Report referred to the series of good practice road safety manuals being developed by partners in the Collaboration on factors such as helmets, drinking and driving, seat-belts and child restraints and speed. It furthermore made reference also to a ministerial conference on road safety to be held under the auspices of the UN in the near future. Visit: [http://www.who.int/roadsafety/news/19\\_10\\_2007/en/index.html](http://www.who.int/roadsafety/news/19_10_2007/en/index.html).

## Posters on road safety from the WHO "Road Marks" poster series



"Too late to fasten your seat-belt."

"Too late to stop drinking."

"Too late to be seen."

"Too late to put on your helmet."

"Too late to slow down."

## First UN Global Road Safety Week

The April 2007 First UN Global Road Safety Week was celebrated in many countries around the world. Hundreds of initiatives – local, national, regional and global – took place and enthusiastic reports on these were received from members of the UN Road Safety Collaboration, senior officials from governments, nongovernmental organizations, UN and other international agencies, foundations, private companies and others working for safer roads. Events often served as launching points for new road safety initiatives. The theme of the Week was "young road users". Examples of the types of events held include:



- In Australia, the Fatality Free Friday campaign;
- In Bangladesh, adoption of a Community Road Safety Audit for implementation by eight established Community Road Safety Groups;
- In Belgium, the European Commission's first European Road Safety Day;
- In Belize, launch of the National Five-year Strategy to Reduce Road Traffic Injuries;
- In Brunei Darussalam, hosting of a Friday prayer sermon, exhibition and walkathon;
- In China, the Multi-Sectoral Forum on Road Safety, featuring launch of the document *Drinking and driving: a road safety manual for decision-makers and practitioners*;
- In Colombia, a media campaign lead by the Fund for the Prevention of Road Traffic Injuries, a collaboration of seven national insurance companies;
- In Ghana, launch of the document *Helmets: a road safety manual for decision-makers and practitioners*;
- In India, hosting of a road safety awareness day for employees of Castrol India Limited;
- In Mexico, hosting of the First Regional Videoconference on Road Safety in the Americas, which linked road safety practitioners and advocates from Argentina, Brazil, Colombia, Costa Rica and the United States;
- In the Syrian Arab Republic, launch by the Ministry of Transport of the *Syrian driver's guide* prepared by the Youth Association for Social Awareness International and the Scientific Research Foundation;



- In Turkmenistan, hosting of a two-day seminar with Red Crescent Society of Turkmenistan volunteers on road safety and first aid followed by random testing of drivers' knowledge of road safety practices;
- In the United Kingdom, hosting of the Rally for Safer Roads organized by the Make Roads Safe campaign in London;
- In the United Republic of Tanzania, with support of the Campaign for Travellers Safety, hosting of a workshop for young students from four primary schools located along the main road;
- In Viet Nam, launch of the Asia Injury Prevention Foundation's helmet-wearing campaign;
- In the WHO Regional Offices for the Americas, for the Eastern Mediterranean and for Europe high-profile scientific, media and advocacy events.

A full listing of national and local events may be found on the Week's web site. Visit: <http://www.who.int/roadsafety/week/activities/national/en/index.html> .

In support of the Week, WHO prepared a series of advocacy materials including the documentary "Collision Course", the posters "Road Marks" and the public service announcements "Public Alarm" for those hosting events. The Week was a historic opportunity to raise attention to road traffic injuries to a higher level. Visit: <http://www.who.int/roadsafety/week> .



Video on road safety from the WHO "Public Alarm" video series

WHO, M. Krok



1049 white balloons are released at the Palais des Nations in Geneva, Switzerland as delegates remember those young people who die every day on the world's roads.

## World Youth Assembly for Road Safety

The key global event of the First UN Global Road Safety Week was the first ever World Youth Assembly for Road Safety held on 23–24 April 2007 at the Palais des Nations in Geneva. The Assembly served as the meeting place for nearly 400 young people from 100 countries. The young delegates, many of who are engaged as advocates for road safety

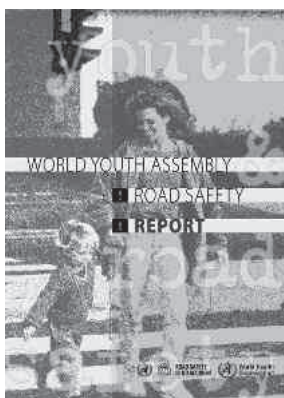


World Youth Ambassadors for Road Safety attending the World Youth Assembly for Road Safety in April 2007.

in their countries, came together to share experiences and ideas and identify ways to strengthen their road safety efforts at home. The enormous enthusiasm and dedication these young delegates brought to Geneva was palpable throughout the event. The Chair from Lebanon and Vice-Chairs from Australia, Guatemala, India, the Netherlands and Zambia devoted several months prior to the Assembly to developing the programme and preparing the Youth Declaration for Road Safety. In addition to the youth delegates, many observers from Permanent Missions in Geneva, road safety organizations, foundations and private companies were present. Attendance neared 600 participants.

Under the banner “Road Safety is No Accident”, the Assembly’s opening ceremony featured statements from Mr Ban Ki-moon, UN Secretary-General; Dr Margaret Chan, WHO Director-General; Mr Jacques Barrot, Vice President of the European Commission in charge

of Transport; Mr Tony Blair, Former Prime Minister of the United Kingdom; Mr Luis Lula da Silva, President of Brazil; Formula 1 driver Alexander Wurz; and Moby, the world-renowned musician. A WHO report *Youth and road safety* was launched by Dr Chan, highlighting that road traffic injuries are the leading cause of death for 10–24 year-olds globally; the complementary report *Youth and road safety in Europe* emphasizes that road traffic injuries are the leading cause of death in Europeans aged 5–25 years and that European children are at high risk as pedestrians. Presentations were made on road safety initiatives involving young people, and working groups highlighted their efforts and identified ways in which delegates could facilitate implementation of their Declaration. As a tribute to victims, WHO and the Association for Safe International Road Travel

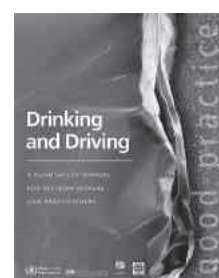
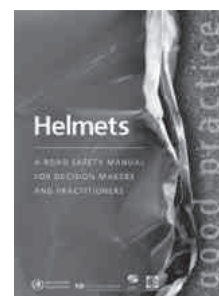


released *Faces behind the figures*, a compilation of nearly thirty stories of people who were killed or severely injured in a road crash. Personal testimonies were shared by victims from

Hungary and Kenya and delegates released 1049 balloons to remember the young lives lost on the world's road every day. In the closing ceremony the Youth Declaration for Road Safety – the Assembly's crowning achievement – was officially adopted, and Sheika Haya Rashed Al Khalifa, President of the UN General Assembly, commented on its importance. Many of the young delegates have since continued to strengthen their important work at home, boosted by the energy of the World Youth Assembly for Road Safety. Plans are underway for creation of a formal global network in 2008. Visit: [http://whqlibdoc.who.int/publications/2007/9789241595483\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595483_eng.pdf).

## Manuals for decision makers and practitioners

During the biennium, two in a series of road safety good practice manuals were released: *Helmets: a road safety manual for decision-makers and practitioners* and *Drinking and driving: a road safety manual for decision-makers and practitioners*. Produced under the auspices of the UN Road Safety Collaboration, experts from the Global Road Safety Partnership, the FIA Foundation for the Automobile and Society, the World Bank and WHO are taking the lead in producing these manuals. Other manuals on seat-belts and child restraints, speed, data collection and road safety management are being produced. The purpose of the manuals is to provide readers with practical approaches to developing coordinated and integrated policies and programmes addressing the factors identified in the 2004 *World report on road traffic injury prevention* as key to improving road safety. Visit: [www.who.int/roadsafety/projects/manuals/helmet\\_manual/en/index.html](http://www.who.int/roadsafety/projects/manuals/helmet_manual/en/index.html).



### BOX3: *Private sector and road safety*

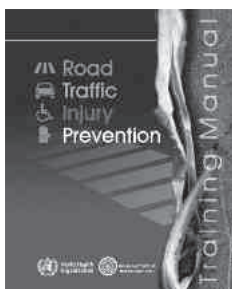
In November 2007, WHO hosted a meeting in Shanghai, China on the private sector and road safety. The meeting convened 25 representatives from multinational companies to identify the private sector's "added value" and increase its involvement in road safety; share information on how private sector companies can improve safety on the road for their own employees and their contractors; discuss how companies can support national and international road safety initiatives; and explore other steps that could be taken to increase awareness of road safety issues. Decisions taken include: creation of a network and development of statutes for a network of private companies for road safety; hosting of a first formal meeting of the network in 2008; production of a booklet making the "business case" for fleet safety based on concrete examples promoted by companies; and a decision to explore further a number of issues, including finding a mechanism to get road safety on the agenda of global fora such as the World Economic Forum; preparing a model road safety code of conduct for employees; and developing a manual of good practices on fleet safety. The network of private companies for road safety will convene in 2008 to further define its modus operandi and how to become a member of the UN Road Safety Collaboration.

#### BOX4: World Day of Remembrance for Road Traffic Victims

The World Day of Remembrance for Road Traffic Victims was initiated in 1993 by RoadPeace, a nongovernmental organization based in the United Kingdom. Since then it has been observed worldwide by many groups. In October 2005, the UN endorsed it as a global day to be observed the third Sunday in November each year. WHO and other members of the UN Road Safety Collaboration promote the Day among governments and others as a major advocacy opportunity for road traffic injury prevention. To support the Day in 2007, RoadPeace, the European Federation of Road Traffic Victims and WHO jointly developed *World Day of Remembrance for Road Traffic Victims: a guide for organizers*, to provide practical guidance to people or groups on how to plan and organize events on this day. Visit: [http://www.who.int/violence\\_injury\\_prevention/road\\_traffic/activities/remembrance\\_day\\_handbook/en/index.html](http://www.who.int/violence_injury_prevention/road_traffic/activities/remembrance_day_handbook/en/index.html).



## Road safety training



In December 2006 the *Road traffic injury prevention training manual* was launched in New Delhi, India by WHO and the Transport Research and Injury Prevention Programme of the Indian Institute of Technology, a WHO Collaborating Centre. This training manual and accompanying CD provide useful information on how to measure the magnitude and impact of road traffic injuries; assess the key risk factors; strengthen the evidence base for prevention; implement promising interventions; deliver post-crash care; foster multisectoral collaboration; and formulate and implement road safety policies. The manual has been designed for a multidisciplinary audience including medical doctors and nurses, transport and road engineers, vehicle safety professionals, law enforcers, policymakers, urban planners and social scientists. Each of its seven units is designed to promote interaction. The structure of the manual also encourages facilitators and trainers to customize the content for different audiences. WHO is using this manual to offer training in countries on road safety. The first training was offered in Ethiopia in July 2007. These trainings will be continued in other countries in 2008.

## Global status report on road safety

In August 2007 WHO received a grant from Bloomberg Philanthropies to develop a tool that will help countries assess how far they have come in implementing the recommendations of the *World report on road traffic injury prevention*. These baseline data will be compiled into a *Global status report on road safety*. The objectives of this new Report are to assess the status of road safety in all Member States according to a core set of indicators using a standardized methodology; indicate the gaps in road safety nationally, and thus help to identify the key priorities for intervention; and stimulate road safety activities at a national level. National level data will be collected through the administration of a questionnaire, which will include indicators such as the existence of a lead agency for road safety, the magnitude of the road traffic injury problem, the existence of legislation and enforcement on a number of key factors – speed, drinking and driving, seat-belt and helmet use – as well as the existence of emergency medical services. Data collection will begin in early 2008 and will be carried out in all WHO Member States. This Report, to be published in August 2009, provides a unique opportunity to understand and disseminate a clear picture of the road safety situation around the world.

### BOX5: African Road Safety Conference

In February 2007, the African Road Safety Conference was held in Accra, Ghana, co-organized by the United Nations Economic Commission for Africa and the WHO Regional Office for Africa, with support from a number of agencies, notably the FIA Foundation for the Automobile and Society, the Global Road Safety Partnership, the Sub-Saharan African Transport Policy Program, the Swedish International Development Agency, the United Kingdom's Department for International Development and the World Bank. More than 250 delegates attended the conference from 37 countries united under the banner "Road safety and the Millennium Development Goals: reducing road traffic fatalities by half by 2015". Participants reviewed progress made by African countries in improving road safety; planned implementation of the recommendations of the *World report on road traffic injury prevention* and the African Road Safety Initiative; continued preparations for the First UN Global Road Safety Week; advanced the development of national action plans for road safety for countries

in the region; and identified ways of mobilizing resources. They developed a set of recommendations on a number of topics, and presented these to a group of ministers responsible for transport and health in Africa the following day. The outcome of this Ministerial Round Table was the "Accra Declaration" which urges countries to take action to address the growing problem of road traffic fatalities and injuries on the African continent. Visit <http://www.who.int/roadsafety/events/4arsc/en/index.html>.



WHO/PI/07.01

#### BOX6: Motorcycle helmet wearing becomes law in Viet Nam



WHO, N Nguyen

On 15 December 2007, helmet wearing became mandatory for all users of motorized two-wheelers in Viet Nam. Overnight the helmet wearing rate went from very low rates to above 90%. WHO, through a grant from Bloomberg Philanthropies, has been collaborating with partners in the country – governmental, nongovernmental and academic – to advocate for this change and to monitor the helmet wearing rate before and after the passing of the law. Preliminary reports from several hospitals indicate that the new legislation contributed to reducing road traffic deaths by 10–20% and severe head injuries by 30–40%. This impressive change follows nine years of lobbying by many partners on the ground in Viet Nam

including the Asia Injury Prevention Foundation, Atlantic Philanthropies, the FIA Foundation for the Automobile and Society, the Global Road Safety Partnership, the UN Road Safety Collaboration and WHO. A host of others joined the effort more recently, including the Asia Development Bank, AusAID, Intel Viet Nam, Michelin, the Royal Danish Embassy, the United States Embassy and the World Bank. From experience, compliance for helmet wearing in the days and months following the passing of a new law has a tendency to drop, so all partners will need to continue working together to ensure that the positive gains are not lost and that the population continue to wear standardized helmets and to wear them correctly.

#### BOX7: National Forum on Road Safety in China

In China in July 2007, the Ministry of Public Security and the Ministry of Health, with support from WHO, hosted a National Forum on Road Safety. The purpose of this two-day gathering was to highlight testimony from various countries on how road safety can be strengthened through multi-sectoral action addressing key issues such as collecting data and information, identifying risk factors, and implementing and evaluating interventions. Approximately 150 participants attended the Forum from various Ministries including Public Security, Health, Education, Justice, Construction and Communications; the China Centers for Disease Control; and provincial bureaus of health. Road safety experts from Australia, India, Malaysia,

Sweden, Thailand and the United Kingdom joined WHO officials in presenting a wealth of international experience in combating road traffic injuries. National experts from government agencies as well as academic institutions presented research findings and national efforts to date to prevent road traffic injuries in China. Central to these presentations was how these findings could be utilized to strengthen national road safety policies and programmes. The Forum served as a venue for Ministries to commit to strengthening multi-sectoral cooperation, demonstrated that capacity of professionals for road safety in China is growing, and confirmed the need for development of a national road safety strategy.



PLA photo service

# V Prevention of injuries to children



WHO, P.11001

## ***Child and adolescent injury prevention: a WHO plan of action***

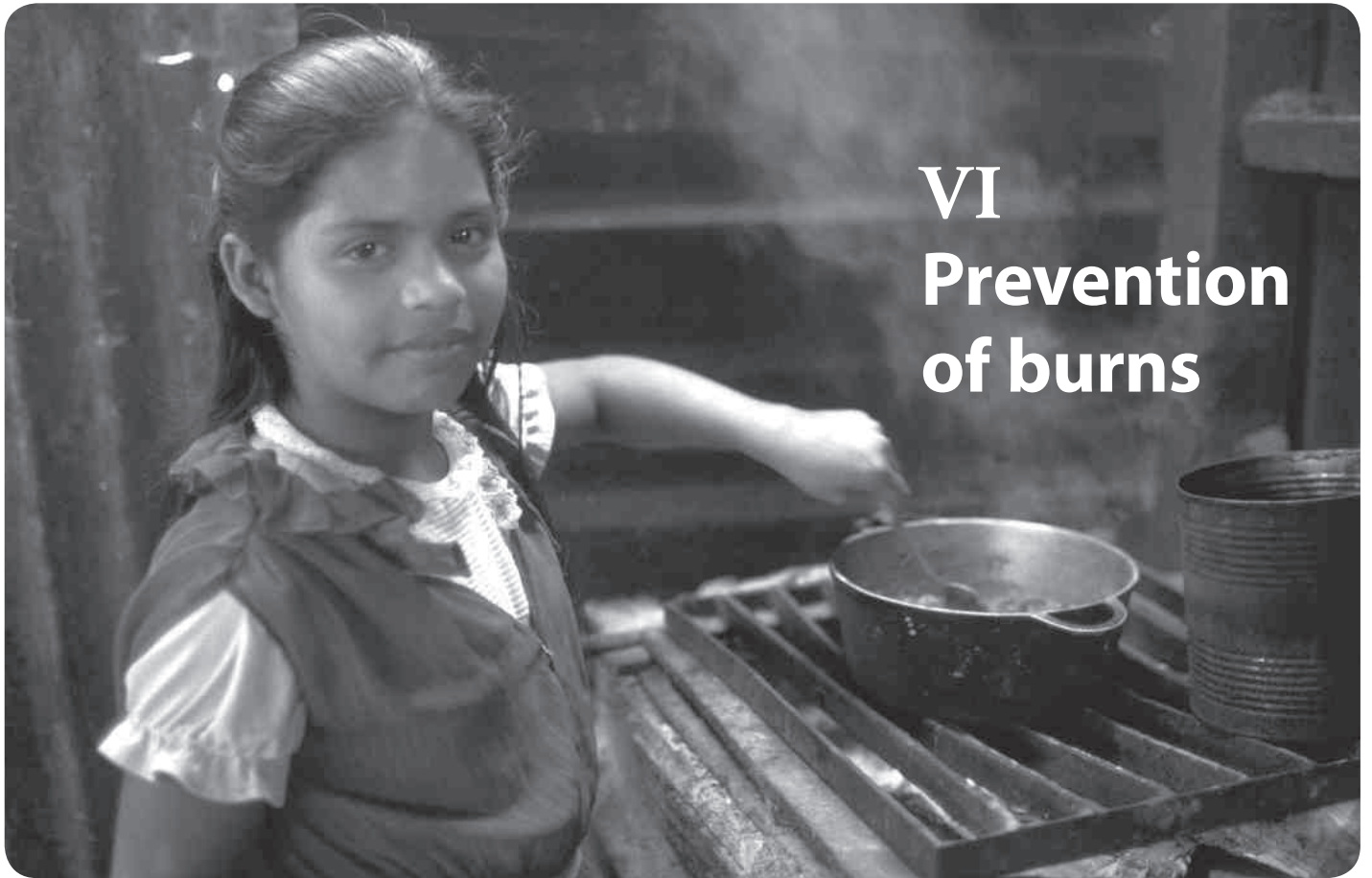
WHO IS BUILDING ITS RESPONSE TO THE PROBLEM OF CHILD AND ADOLESCENT INJURIES, which is responsible for around 900 000 deaths a year. In April 2006 WHO released *Child and adolescent injury prevention: a WHO plan of action* launched during the 8th World Conference on Injury Prevention and Safety Promotion. The Plan sets out WHO's focus for the next ten years with action outlined in the areas of data, research, prevention, services for those affected by injury, building capacity in countries, and advocacy. The Plan forms part of a stream of work, conducted with WHO partners, that began in 2005 and which will include a *World report on child injury prevention*. A major challenge of this effort is to ensure that the great success in reducing child injury in some parts of the world is transferred across the globe, especially to low-income and middle-income countries, where 95% of the injury deaths occur.

## Developing the *World report on child injury prevention*

Previous WHO experience in road safety and violence prevention has shown that presenting what is known about an issue, where the gaps are and what countries can do to reduce the problem – in the form of a World Report – can greatly catalyze action. The *World report on child injury prevention* is expected to do the same for the issue of child injuries. Injury experts from the United Nations Children’s Fund and WHO are coordinating the process of preparing this joint Report, and a wide variety of institutions and governments are actively involved. By December 2007 nearly 200 international experts had contributed to the preparation of the final draft of the Report which was then sent out for extensive peer review. Many participated in the regional consultations held from May to July 2007 to gather more data and information and ensure that the draft reflected various regional and cultural perspectives. The Report focuses on unintentional injuries (since the *UN Secretary-General’s study on violence against children* published in 2006 addressed the issue of intentional injuries), and it includes chapters on road traffic injuries, burns, falls, drowning and poisoning. A set of general recommendations are included in the final chapter as well as specific recommendations for each cause of unintentional injury. The Report and related materials will be released in late 2008. Visit: [http://www.who.int/violence\\_injury\\_prevention/child/en/](http://www.who.int/violence_injury_prevention/child/en/).





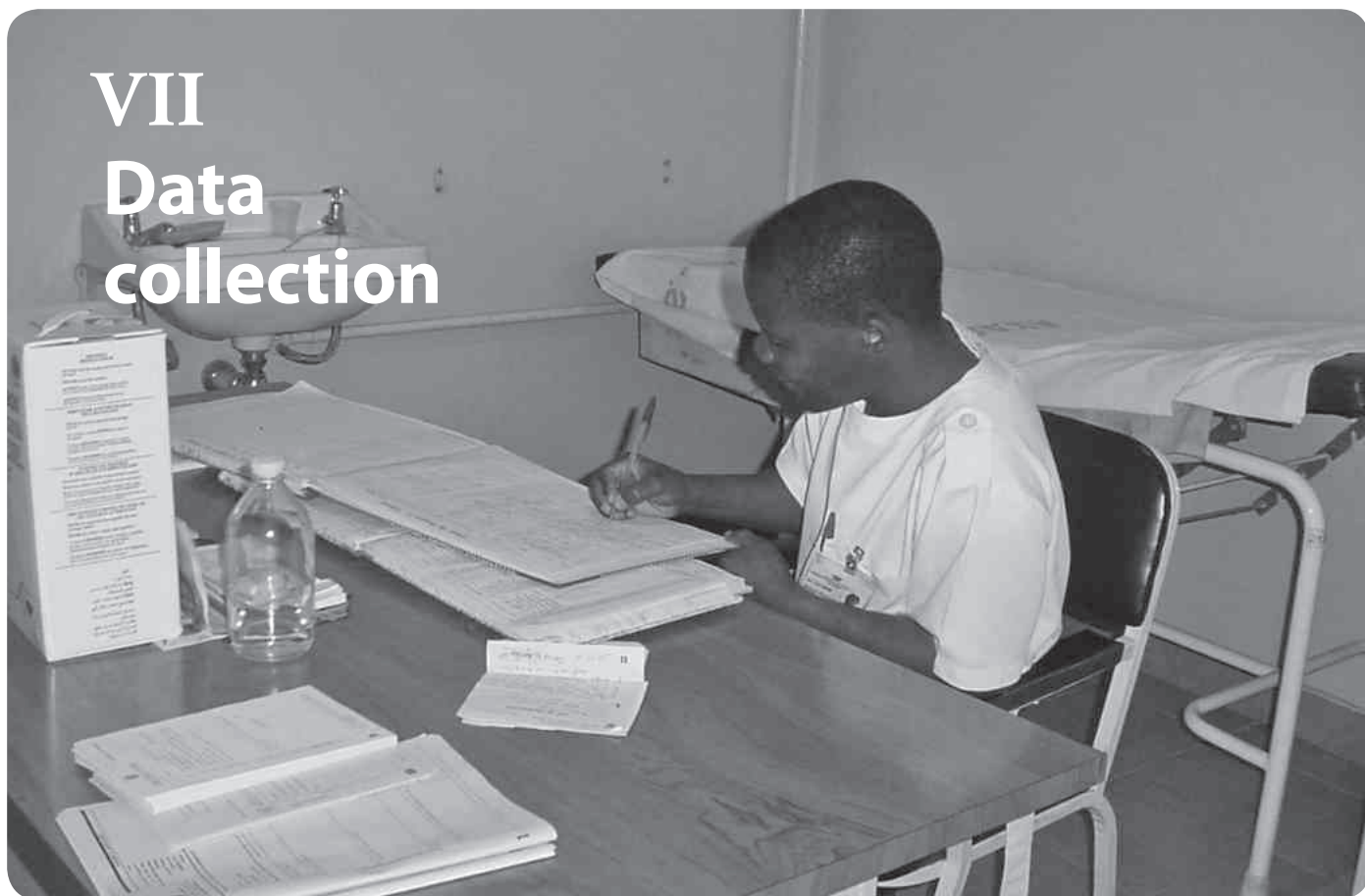


## VI Prevention of burns

WHO/P1000

**IN APRIL 2007 THE FIRST CONSULTATION MEETING ON THE PREVENTION AND CARE OF Burns** was held at WHO headquarters in Geneva. This was a collaborative undertaking of the International Society for Burn Injuries and WHO. Participants included representatives of the Society, the International Federation of Red Cross and Red Crescent Societies, SafeKids Worldwide, WHO Collaborating Centres, nongovernmental organizations and several WHO departments. Burn care specialists, public health practitioners, burn victims, advocates, and government officials from 14 countries attended this meeting. Participants included people who have developed innovative responses in both burn prevention and treatment in their own countries. The major part of the two-day meeting was devoted to the development of *A WHO plan for burn prevention and care*. The directions outlined in this plan will augment the activities of many stakeholders worldwide and will catalyze burn prevention and care improvements, especially in low-income and middle-income countries. Visit: [http://www.who.int/violence\\_injury\\_prevention/media/news/13\\_03\\_2008/en/index.html](http://www.who.int/violence_injury_prevention/media/news/13_03_2008/en/index.html) .

## VII Data collection



WHO, K. Bartholomew

### **Supporting national data collection systems**

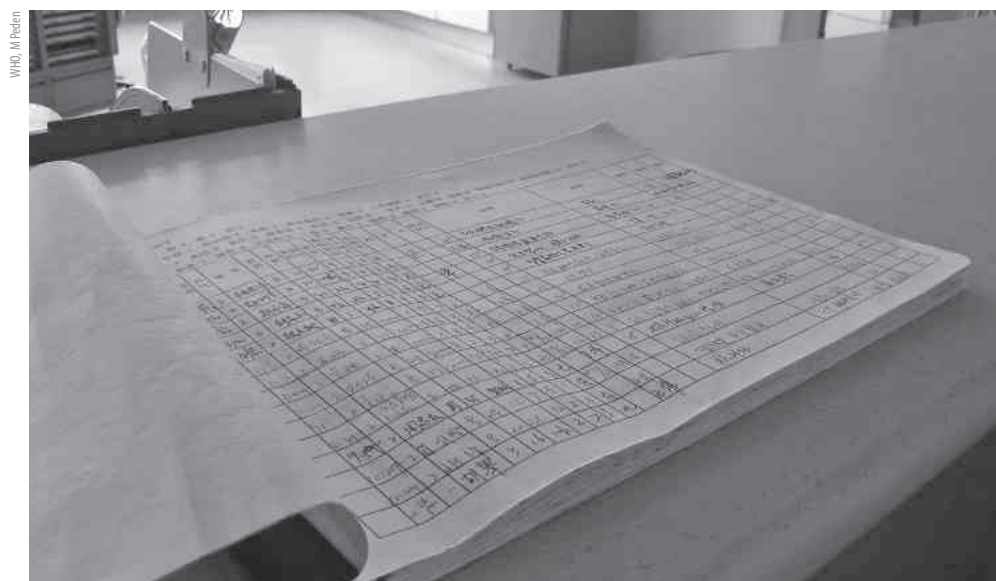
WHO HAS BEEN VERY ACTIVE IN PROMOTING LOW-COST AND SUSTAINABLE improvements in national data systems for injury.

- In Africa, WHO has given technical support to Ethiopia and Nigeria to assess the public health burden of injuries. Similar technical support was given to Cameroon and Uganda for gathering survey data on cyclists' safety. Long-term support to Mozambique for its injury surveillance system has continued.
- In the Americas, considerable experience has been obtained in several countries in instituting emergency department based surveillance systems focusing on non-fatal injuries. A January 2007 meeting hosted by the WHO Regional Office for the Americas for seven countries in Central America, namely Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, specifically addressed this issue. Likewise, new experiences are being accumulated in the institution of municipal observatories of external causes of death, which integrate information from multiple sources to provide a sound foundation for prevention efforts. In Colombia and Panama, the WHO Regional Office for the Americas has also supported the development of important prevalence studies on disability.

- In Europe, WHO is supporting hospital based injury surveillance in selected hospitals in Lithuania and the Russian Federation. In Lithuania the injury data collected on the pro forma is set for incorporation into the national electronic hand held health record. In The former Yugoslav Republic of Macedonia support has been provided to conduct a community survey of a representative sample of households of injuries (both intentional and unintentional) to better define the burden.
- In South-East Asia, WHO has supported the initiation of injury information systems in several countries, including Bangladesh, Bhutan, the Democratic People's Republic of Korea, India and Sri Lanka.
- In the Western Pacific, WHO has supported the strengthening of injury surveillance systems and the conducting of community surveys in Cambodia, China, Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam.
- There has also been notable collaboration between regions, with the WHO Regional Office for South-East Asia and the WHO Regional Office for the Western Pacific conducting the first bi-regional workshop on injury data in Chiangmai, Thailand in December 2006.

These various country and regional activities indicate a growing awareness of the importance of adequate and accurate injury data and increasing national capacity to obtain and work with such data.

During the biennium the WHO Department of Violence and Injury Prevention and Disability has also supported several ongoing global data collection activities, including the revision of the Global Burden of Disease, a widely used method for measuring and comparing diverse diseases, injuries and disabling conditions; updating of the International Classification of Disease, the global standard to report and categorize disease and injury; the Global School Health Survey, a WHO project conducted in collaboration with the United States Centers for Disease Control and Prevention, designed to help countries



WHO, M. Peelen

measure and assess behavioral risk and protective factors impacting the health of young people aged 13–15 years; and the STEPwise Approach to Surveillance, or STEPS, a simple standardized method for collecting, analyzing and disseminating noncommunicable disease risk factor data in WHO Member States.

## **Developing a strategy**

As is evident from the above descriptions, there are myriad initiatives related to violence and injury data currently ongoing. In order to take a step towards development of a strategy for this area, WHO hosted the Consultation Meeting on Injury and Violence Data and Estimates in December 2007. The aims of the meeting were to review progress on collecting and compiling data on violence and injuries, draw lessons from the many efforts made to date and make concrete recommendations on how to improve country, regional and global injury morbidity and mortality estimates. Priority areas identified included further guidance to countries to improve data collection, optimize Global Burden of Disease utilization and develop appropriate violence and injury indicators. The possibility of creating a “warehouse” of injury-related data sets and developing indicators was also discussed, the feasibility of which will continue to be explored.



## VIII Emergency services

WHO/Al Nguyen

### **WHA resolution WHA60.22** ***Health systems: emergency-care systems***

**IN MAY 2007 THE 60TH WORLD HEALTH ASSEMBLY ADOPTED RESOLUTION WHA60.22** *Health systems: emergency care systems*. This first ever World Health Assembly resolution on the topic, initially proposed by the governments of Romania and Thailand, draws the attention of Member States to the need to strengthen prehospital and emergency trauma care systems and describes a number of steps governments could take. In addition, it invites WHO to expand on lessons from countries with successful trauma programmes to scale up its efforts to support other countries. As follow up, the Trauma and Emergency Care Services (TECS) advisory group convened in June 2007 in Atlanta, United States, at a meeting hosted by the United States Centers for Disease Control and Prevention. The TECS group is comprised of experts active in supporting the development of trauma and emergency care services in countries worldwide, including many of the individuals involved in drafting the WHO publications *Guidelines for essential trauma care* and *Prehospital trauma care systems*. Participants reviewed recent progress in the countries represented and identified next steps for the TECS group, including production of guidelines for trauma quality improvement programmes and methods to strengthen prehospital trauma care in areas where there are currently no formal emergency medical services.

## Supporting national trauma care systems

During the biennium, WHO has actively supported countries in strengthening their services for victims of trauma.

- In Cambodia, WHO has worked with the Ministry of Health and nongovernmental organizations to provide consultation on ways in which trauma care services can be strengthened. This has included site visits to hospitals and clinics that have high trauma volumes and review of surveys of trauma care capabilities done using WHO's *Guidelines for essential trauma care* as a basis.
- In Ghana, WHO has provided consultation on ways to strengthen trauma care services nationwide, including ongoing dialogue with the rapidly developing National Ambulance Service and technical input to the trauma care quality improvement programme at one of the main teaching hospitals. The latter support includes providing details on methods for tracking and abstracting records, as well as collating injury-related data from several sources. It also addresses methods for using the data obtained to identify problems with care, to formulate potential solutions and to track results.
- In India WHO has provided input for trauma system development with governmental and nongovernmental organizations. This has included conducting a workshop on trauma system planning as part of the global meeting of the Association of Bone and Joint Surgeons held in Ahmedabad in December 2007. This workshop addressed ways in which Ministry of Health staff and hospital administrators can strengthen care of the injured, both in the prehospital and hospital-based settings. Materials for the course were based on existing WHO documents and some of the lectures were derived from TEACH-VIP.
- In the Lao People's Democratic Republic, WHO has worked with the Ministry of Health and nongovernmental organizations to provide consultation on ways in which trauma care services can be strengthened. This has included site visits, as well as ongoing dialogue on model programmes to develop.
- In Viet Nam, WHO has worked with the Ministry of Health providing support for the development of prehospital emergency medical services. This has included visits to evaluate the progress of model programmes in several provinces, including Ha Noi and Thua Thien Hue. These programmes have specifically addressed newly developed methods for communications for emergency medical services and for interfacing with community members who are calling to access emergency services. Likewise, WHO has provided support to several provincial health departments for the development of trauma care quality improvement programmes.

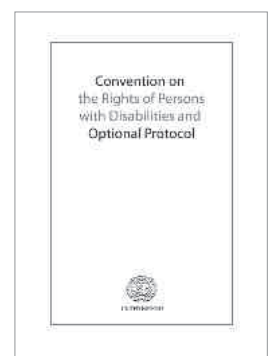


# IX Disability and rehabilitation

WHO/C. Khamath

## Convention on the Rights of Persons with Disabilities

IN DECEMBER 2006, THE UN GENERAL ASSEMBLY ADOPTED THE CONVENTION ON THE Rights of Persons with Disabilities. The Convention, the first human rights treaty to be adopted in the twenty-first century and the most rapidly negotiated in the history of international law, requires countries to ensure that people with disabilities are granted freedom from discrimination and equality under the law. The ratification process for this legally binding instrument began in March 2007. Upon its entry into force, a Conference of State Parties will elect a committee of experts to monitor implementation of the Convention. This committee will engage in dialogue with ratifying states and will formulate specific recommendations for steps to be taken to remain in compliance with the Convention. The committee will then be able to review claims by, or on behalf of, alleged victims of violations of the Convention as well as undertake enquiries in cases where it has reliable evidence of gross and systematic violations of the rights of people with disabilities. WHO has welcomed this historic human rights treaty which provides a moral compass for action at national and international levels, and which underpins WHO's work on the *World report on disability and rehabilitation* forthcoming in 2009. WHO is working to ensure that the Organization itself reflects the spirit of the Convention in terms of ensuring access to its employment opportunities, information and buildings and as relates to its programme of work generally. Shortly following adoption of the Convention,



the formerly known WHO Department of Injuries and Violence Prevention was renamed to the WHO Department of Violence and Injury Prevention and Disability. Visit: <http://www.un.org/disabilities/> .

“ This Convention is a remarkable and forward-looking document. While it focuses on the rights and development of people with disabilities, it also speaks about our societies as a whole – and about the need to enable every person to contribute to the best of their abilities and potential. ”

Mr Kofi Annan, Former UN Secretary-General, 13 December 2006, Message on the adoption of the Convention of the Rights of Persons with Disabilities.

**BOX 8: PAHO Directing Council resolution CD47/15 *Disability: prevention and rehabilitation in the context of the right to the enjoyment of the highest attainable standard of health and other related rights***

The Pan American Health Organization's (PAHO) September 2006 meeting of its 47th Directing Council adopted resolution CD47/15 *Disability: prevention and rehabilitation in the context of the right to the enjoyment of the highest attainable standard of health and other related rights*. With roughly 60 million people with disabilities across the Americas, the resolution calls for a new approach, which defines disability as a social rather than an individual responsibility. This view is grounded in the recommendations of the 2005 World Health Assembly resolution WHA58.23 *Disability, including prevention, management and rehabilitation*. Visit <http://www.paho.org/english/gov/cd/CD47-15-e.pdf> .

## **Developing the *World report on disability and rehabilitation***

World Health Assembly resolution WHA58.23 *Disability, including prevention, management and rehabilitation* requests WHO to produce a *World report on disability and rehabilitation*. Initiated in 2006, the Report will provide governments and civil society with a comprehensive description of disability and rehabilitation issues, an analysis of the responses to these and recommendations for action based on the best available scientific evidence. The Report is being produced jointly with the World Bank and in collaboration with many other partners, including leading disability and development actors and representatives of disabled peoples' organizations and related professional associations. Reports such as the *World report on road traffic injury prevention* and the *World report on violence and health* have proven to be a most valuable exercise, as they have increased political support, augmented media attention and generated a large number of follow-up activities. In December 2006, June 2007 and November 2007, WHO hosted, respectively, the first, second and third meetings of the Report's Editorial Committee. The nine experts



who comprise the Editorial Committee defined the development process; elaborated the objectives, structure and content of the Report; and reviewed various chapter outlines and drafts. The first full draft of the Report will be available in mid-2008 for review in regional consultations. The Report will be completed in 2009.

## Developing normative tools

As a complement to the *World report on disability and rehabilitation*, WHO has been assisting in the development of normative tools. Firstly, *Guidelines for community-based rehabilitation* is under preparation by WHO, the International Labour Organization and the United Nations Educational, Scientific and Cultural Organization in partnership with leading nongovernmental organizations, and members of the International Disability and Development Consortium and the International Disability Alliance. Based on 25 years of collective experience in designing, implementing and evaluating community-based rehabilitation programmes, the Guidelines will be a valuable tool for practitioners. In November 2007 a regional meeting provided an opportunity for a range of partners to contribute to the process of reviewing the draft Guidelines. In Bangkok, Thailand representatives of nine countries convened at the Asia-Pacific Centre on Disability to review the draft Guidelines for both their scientific and cultural relevance. The consultation was hosted in partnership with the Japan International Cooperation Agency and CBM (formerly the Christian Blind Mission). In December 2007 a WHO-hosted meeting in Geneva concluded the extensive review process. The Guidelines are undergoing peer review.

Secondly, WHO is supporting production of *Guidelines on the production, distribution and maintenance of wheelchairs in less-resourced settings*. These Guidelines will serve as an important reference for managers of wheelchair programmes in developing countries. Partners involved in the development of the Guidelines include WHO, the International Society for Prosthetics and Orthotics (ISPO), the United States Agency for International Development (USAID) and three leading international nongovernmental organizations: the Centre for International Rehabilitation, Motivation, and Whirlwind Wheelchair International. The Editorial Board for production of the Guidelines convened several times during the biennium to review and finalize the first drafts. The production process also benefited from a



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Consensus Conference on Wheelchairs for Developing Countries, hosted by Mobility India in Bangalore, India. The congress highlighted the need for better data and information related to wheelchair needs particularly in developing countries; improvements in the design, production and servicing of wheelchairs; and capacity development for wheelchair service providers. ISPO's 12th World Congress, held in Vancouver, Canada in July 2007, also served as a venue for discussion on ways to implement the Guidelines in countries upon their completion. The Guidelines will be released in 2008.

Consensus Conference on Wheelchairs for Developing Countries, Bangalore, India.



## **Building regional and country capacity to implement community-based rehabilitation**

During the biennium several activities served as a vehicle for strengthening community-based rehabilitation in regions and countries.

- The November 2006 First Continental Congress on Community-based Rehabilitation, hosted by the WHO Regional Office for the Americas in Santiago, Chile, involved more than 200 participants from 15 Latin American countries. More than 40 country projects were presented and discussed. Participants created a group which will promote the development of a Community-based Rehabilitation Continental Network. Follow up technical support has been provided to partners in Argentina, Chile, Colombia, Cuba, El Salvador, Honduras, Nicaragua, Panama, Paraguay and Venezuela.
- In November 2007 the Community-based Rehabilitation Africa Network hosted a conference of 270 delegates from 39 countries to share experiences on community-based rehabilitation in Africa. This conference has been an important tool for broadening the knowledge base on community-based rehabilitation and building momentum for the implementation of community-based rehabilitation in Africa. Based on the success of the congresses in this biennium, plans are underway for a similar consultation in Asia and the Pacific in 2008.
- In July 2007 an Intercountry Meeting on Developing a Regional Strategy for the WHO Eastern Mediterranean Region on Community-based Rehabilitation was held in

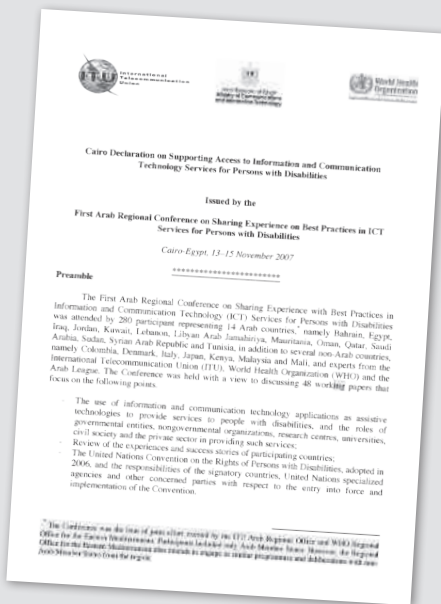
Bhurban, Pakistan. The meeting provided an important opportunity to review existing policies and programmes in the region and explore ways to use community-based rehabilitation as a tool for implementing the Convention on the Rights of Persons with Disabilities. A draft strategy for the region has been elaborated to strengthen community-based rehabilitation programmes and foster greater partnership with other community-based initiatives.

- WHO has assisted the Government of the Islamic Republic of Iran to develop a national community-based rehabilitation strategy. In September 2006 a workshop was hosted in the country with the aim of aligning approaches taken by various ministries and nongovernmental organizations. Participants identified the need for support in evaluating existing community-based rehabilitation programmes, training trainers and promoting research in the field.



WHO, C/Hasanahis

**BOX 9: First Arab Regional Conference on Sharing Experience on Best Practices in Information and Communications Technology Services for Persons with Disabilities**



The First Arab Regional Conference on Sharing Experience on Best Practices in Information and Communications Technology Services for Persons with Disabilities was held in November 2007 in Cairo, Egypt, and was attended by 280 participants from 14 Arab countries. The conference, a collaborative initiative of the Arab League, the International Telecommunication Union and WHO, gave rise to the Cairo Declaration on Supporting Access to Information and Communication Technology Services for Persons with Disabilities. The Declaration proposed a list of recommendations to concerned stakeholders and called upon the regional offices of the International Telecommunication Union and WHO to follow up implementation of the Declaration in coordination with Sheikha Hessa bint Khalifa bin Ahmed Al-Thani, UN Special Rapporteur on Disability. Visit: <http://www.afak.org/includes-pdf/CairoDeclaration-EN.pdf>.

## Partnerships

An underlying principal of WHO's work in disability and rehabilitation is the building of partnerships to support efforts in this area. Given the multidimensional nature of disability, this necessitates the involvement of a broad range of stakeholders including governments, UN agencies, nongovernmental organizations, professional associations and the extensive network of organizations of people with disabilities. Every two years WHO hosts a meeting of key partners. In September 2007, 37 participants from key stakeholder groups and WHO staff convened to share information on WHO initiatives in this area, give all partners the opportunity to discuss needs and priorities especially for their work in developing countries and identify steps towards implementing the Convention on the Rights of Persons with Disabilities. It was agreed that the direction adopted by WHO on disability and rehabilitation is consistent with the priorities envisaged by the partners. A number of additional activities were identified that require further attention if WHO is to play its role in the implementation of the Convention. The notion of a WHO Taskforce on Disability to promote and support the inclusion of disability issues in all WHO programmes and projects was welcomed, as was development of the *World report on disability and rehabilitation*.



# X National policies

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*DEVELOPING POLICIES TO PREVENT VIOLENCE AND INJURIES: GUIDELINES FOR POLICY-MAKERS and planners* was a “best seller” at the 8th World Conference on Injury Prevention and Safety Promotion in South Africa. Released at the Conference, the guidelines advocate a step-by-step process for the development of national policies to prevent violence and injuries. They provide the rationale behind the need for such policies, the importance of the health sector in their development and the link between national policies and legislation. Since their release in 2006, there has been increased demand on WHO regional and county offices to work with national governments to develop such policies. The greatest number of requests has been for support to the development or implementation of road safety policies, although Member States in the WHO European Region and the WHO Region of the Americas have also requested support to the development of violence prevention policies. Examples include WHO support to the development of a national road safety action plan in Yemen, and development of national policies on injury prevention in Mongolia and Viet Nam. A regional consultation on policy development for the WHO Western Pacific Region is being planned for July 2008.



**BOX 10: *European Commission recommendation supports WHO Regional Committee for Europe resolution EUR/RC55/R9 Prevention of injuries in the WHO European Region***

On 12 December 2006, the European Parliament adopted a proposal by the European Commission for a Council Recommendation on the Prevention of Injury and the Promotion of Safety (23/06/2006) COM/2006/0329, as well as a Communication to the European Parliament and the Council on Actions for a Safer Europe (23/06/2006) COM/2006/0328. This marks an important milestone for the prevention of violence and injury in the European Union. The recommendation is consistent with the WHO Regional Committee for Europe resolution EUR/RC55/R9 *Prevention of injuries in the WHO European Region* and the WHO world reports on violence and on road traffic injuries, focusing in particular on the improvement of injury surveillance, the development of national policies for violence and injury prevention, the collection and dissemination of good practices, and building national capacity to prevent violence

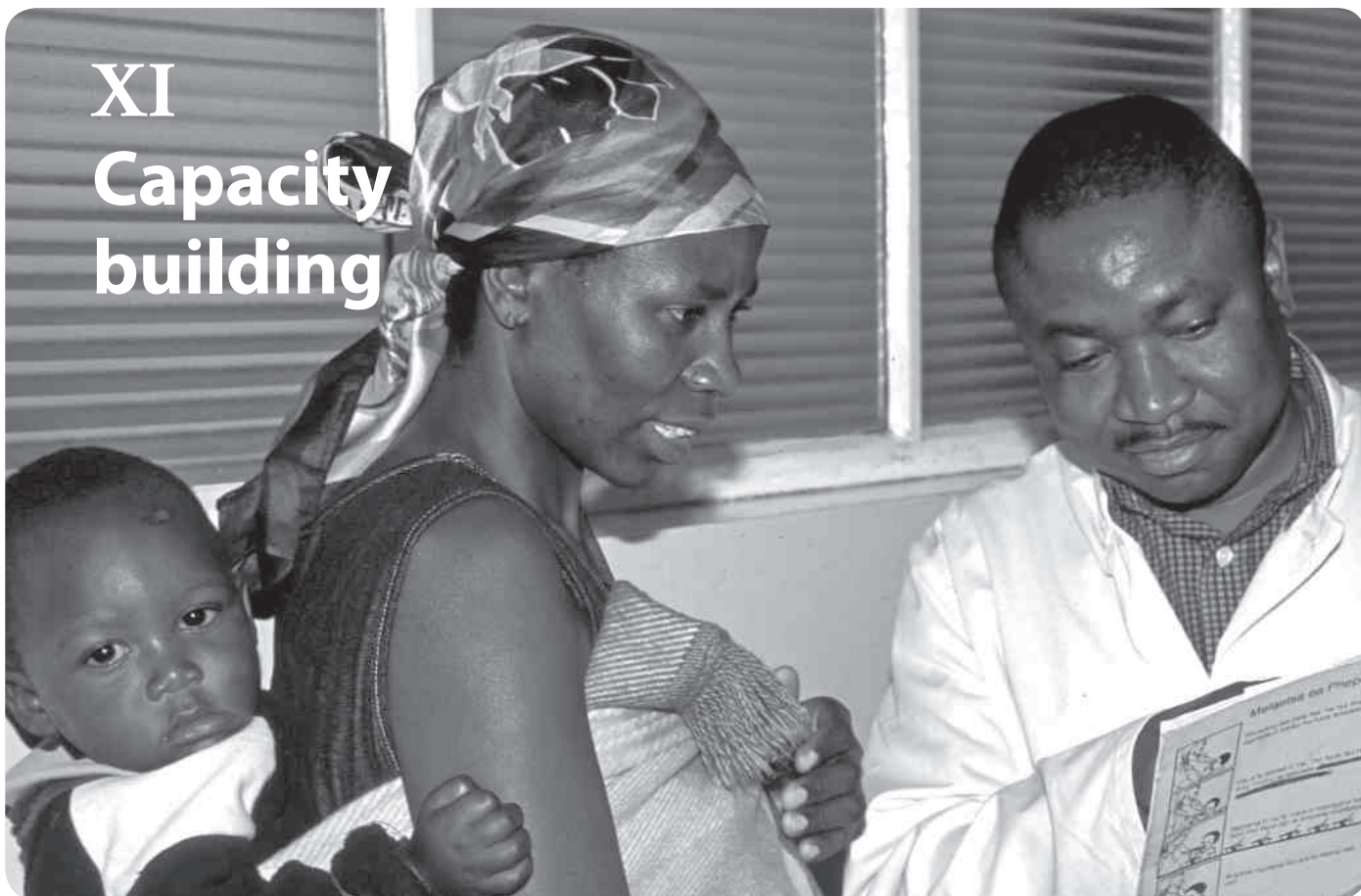
and injuries. The strong synergy between the WHO resolution and the Council Recommendation represents an excellent basis to further strengthen the collaboration between WHO and the European Commission in this field, and to work together to support Member States in their endeavours. As part of this collaboration the European Commission is supporting WHO to develop web-based tools to gather information on national policies for violence and injury prevention and indicators to help countries assess progress in achieving targets identified in the WHO Regional Committee for Europe resolution and European Parliament Council Recommendation. Visit: [http://www.europarl.europa.eu/news/expert/infopress\\_page/066-1368-345-12-50-911-20061207IPR01231-11-12-2006-2006-false/default\\_en.htm](http://www.europarl.europa.eu/news/expert/infopress_page/066-1368-345-12-50-911-20061207IPR01231-11-12-2006-2006-false/default_en.htm))

**BOX 11: *Regional Framework for Action on Injury and Violence Prevention for 2008–2013***

Following from regional meetings of ministry of health focal points held in Manila, Philippines in May 2006 and Nadi, Fiji in April 2007, a Regional Framework for Action on Injury and Violence Prevention for 2008–2013 has been developed for the WHO Western Pacific Region. The Regional Framework focuses on infrastructure development,

data management, capacity building, research, prehospital and hospital care, road traffic injuries, child injuries and violence. Country profiles on injury and violence prevention have also been developed for 23 countries and areas in the WHO Western Pacific Region.

# XI Capacity building



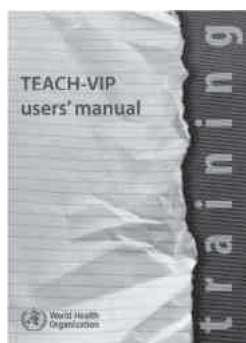
WHO/PIVOT

## MENTOR-VIP

IN 2007 WHO KICKED OFF A NEW GLOBAL MENTORING PROGRAMME FOR VIOLENCE AND injury prevention. Known as MENTOR-VIP, the programme is designed to “match” a junior injury prevention practitioner with a more experienced expert, so that the former may develop specific skills through a structured collaboration. The first 15 mentor mentee pairs were established in July 2007, and began formal mentoring in September 2007 after jointly planning the focus of their work. These mentorships are varied in terms of both the geographic regions involved and the focus of the collaboration. For example, pairs from Canada and The former Yugoslav Republic of Macedonia are collaborating on the development of a strategy to assess child maltreatment; from the United States and Nepal are working together on development of an injury surveillance system; and from the United Kingdom and Ghana are sharing experience on the development of road safety guidelines for school children. The principle of the programme is that it provides a low-cost model for mentoring. Mentorships are for a twelve-month period. Visit [http://www.who.int/violence\\_injury\\_prevention/capacitybuilding/mentor\\_vip/en/index.html](http://www.who.int/violence_injury_prevention/capacitybuilding/mentor_vip/en/index.html).



## Implementing TEACH-VIP



TEACH-VIP is a modular injury prevention and control curriculum developed by WHO and a network of global injury prevention experts. Launched by WHO in 2005, the course material consists of 64 lessons designed for classroom instruction, with PowerPoint slide presentations and supporting lecture notes. This material has been requested by trainers from over 70 countries across all WHO regions. During 2006–2007 emphasis has been placed on making the TEACH-VIP training materials more widely accessible. The course material was expanded to include the area of disability and rehabilitation, and end-user feedback was solicited via an online survey which showed the material to rate very highly. In addition, successful efforts were taken in a number of countries to have the material formally integrated within public health school curricula. Translation of the entire training content was completed in Arabic, Mandarin and Russian, with translations being finalized in the remaining UN languages as well as Portuguese. Another effort to increase access to the material was to conduct regional trainings using the TEACH-VIP material in the WHO African, Eastern Mediterranean, and European Regions often in “training of trainers” workshops. Finally, work began on the adaptation of the material to a self-administered form of e-learning which will be coupled with a revision and updating of the training material.

### BOX 12: *European survey on national responses to preventing injuries and violence*

*National responses to preventing violence and unintentional injuries: WHO European survey* was published in September 2006. The survey served as a means of understanding the response to date of governments in the region to preventing violence and injuries and helped to identify areas where more action is needed. Focal points within ministries of health tasked with this area of work participated in the survey, and responses were received from three quarters of the countries in the region. The survey showed that few countries have developed an adequate structural response or devoted adequate resources to

the problem. This especially applies to low-income and middle-income countries in the region, which have the highest burden of injuries. These results demonstrate that more concerted action is needed. This includes the need for advocacy, surveillance, building capacity, developing policy and mobilizing resources. The results form a useful baseline for assessing future activities and identifying country-specific areas that could be targeted for further development. Visit: <http://www.euro.who.int/document/e89258.pdf>



## XII Miscellaneous

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### WHO Collaborating Centres

WHO COLLABORATING CENTRES ON VIOLENCE AND INJURY PREVENTION AND DISABILITY are designated by the WHO Director-General to further efforts on specific WHO programme priorities in this area of work. Twenty-two WHO Collaborating Centres are dedicated to violence and injury prevention and nine to disability and rehabilitation. Three joined the network during the biennium: in Jordan, the National Council for Family Affairs; in Thailand, the Prosthetics and Orthotics Unit of Sirindhorn National Medical Rehabilitation Centre; and in the United Kingdom, the Centre for Public Health at Liverpool John Moores University. The WHO Collaborating Centres made significant contributions to WHO's work during the biennium through collaboration on research, the development of policy and technical documents, production of advocacy materials and training for capacity development.

## “Safe communities around the world”

The network of “Safe Communities” is coordinated by the Department of Public Health Sciences at the Karolinska Institutet in Sweden, a WHO Collaborating Centre for Community Safety Promotion. Since 1989, a total of 131 demonstration programmes have been developed in 22 countries: Australia, Austria, Bosnia and Herzegovina, Chile, China, Canada, the Czech Republic, Denmark, Estonia, Finland, the Islamic Republic of Iran, Israel, the Netherlands, New Zealand, Norway, the Republic of Korea, Poland, South Africa, Sweden, the United Kingdom, the United States, and Viet Nam. These programmes promote safety through partnerships involving communities and their leaders, academic institutions and private sector bodies. Of the programmes, 35 were added to the network during 2006–2007. In addition, 15 centres in ten countries have been granted the status of Affiliate Safe Community Support Centre. A programme of Certifying Centres for designation of Safe Communities has been established to assist in the designation process, and there are now seven of those covering the globe. In June 2006, the Trauma Unit of the Red Cross Children’s Hospital in Cape Town, South Africa, and, in June 2007, the Ministry of Health, Teheran, the Islamic Republic of Iran, organized, respectively, the 15th and 16th International Safe Communities Conferences. Several regional meetings were also hosted during the biennium by regional and subregional networks in Africa, Asia, Europe, North America and the Pacific and in Nordic countries.

## World Conferences on Injury Prevention and Safety Promotion

In April 2006, the major international conference on the prevention of violence and injury was held for the first time in Africa. The 8th World Conference on Injury Prevention and Safety Promotion convened more than 1000 leading public health experts from 130 countries around the world in Durban, South Africa to share the latest scientific knowledge on preventing violence and injury-related death and disability. More than 100 experts, in particular from Africa and the Middle East, received scholarships to attend. This was a milestone event for Africa, where rates of violence and injury are among the worlds highest. Across Africa poverty, income and gender inequality, and a lack of prevention measures at home, work and on the street are key factors that contribute to these high rates. The 8th World Conference, co-sponsored by WHO and co-hosted by the Department of Health of South Africa, featured a keynote address by Queen Rania Al-Abdullah of Jordan, WHO Patron for Violence Prevention in the WHO Eastern Mediterranean Region. In addition it served as the venue for the launch of the International Society for Violence and Injury Prevention, an international nongovernmental organization that brings together scientific and civil society constituencies to prevent injuries and violence. WHO also took the opportunity to release several new publications, including *Developing national policies to prevent violence and injuries: guidelines for policymakers and planners*; *TEACH-VIP users’ manual*; *Child and adolescent injury prevention: a WHO plan of action*; and WHO policy briefings on violence and alcohol.



WHO

“If we summon the will, if we work together, we can build a global commitment to violence and injury prevention and create a peaceful, safe and healthy future.”

Her Majesty Queen Rania Al-Abdullah of Jordan, WHO patron for violence prevention in the WHO Eastern Mediterranean Region, 2 April 2006, Keynote address to the 8th World Conference on Injury Prevention and Safety Promotion.



# XIII Future directions

IN DECEMBER 2007 WHO'S DEPARTMENT OF VIOLENCE AND INJURY PREVENTION AND Disability hosted a decisive consultation to explore and define new strategic directions for this area of work. While the broad WHO-wide Medium-Term Strategic Plan will continue to guide the Department's efforts through 2013 particularly in terms of the support provided to Member States, this consultation of WHO staff and a handful of key collaborators recommended that work be enhanced in several key focus areas. These areas are in line with the recommendations that resulted from the most recent meeting of Heads of WHO Collaborating Centres and WHO staff.

Key focus areas:

- (1) Country programmes: As a priority, strengthening of country programmes by focusing on intensive support in a few countries aimed at generating successes and implementing and evaluating robust programmes that can be adapted in other countries; further developing relationships with Ministry of Health focal points and representatives of civil society; and building resources in WHO regional and country offices.
- (2) Normative guidance: Continued provision of high-quality normative and technical guidance in the areas of prevention, data collection and analysis, care and services, policy development and capacity building. Focus will be on consolidating existing work, disseminating such tools more broadly and facilitating implementation.

- (3) Capacity building: Expansion of capacity building efforts aimed at health policy makers and practitioners which move beyond training individuals to developing sustainable institutional capacity.
- (4) Partnerships: Increase in strategic use of partnerships by articulating the expected outcomes of these collaborations, determining the appropriate role for WHO and engaging in joint messaging and activities.
- (5) Advocacy and communications: Development and implementation of an effective advocacy and communications strategy that not only raises awareness about key issues, but also seeks to engage the hearts and minds of various target audiences and move them to action.
- (6) Mainstreaming: Insertion and integration of the issues of violence, injuries and disability into select international agendas. Several prominent agendas are linked to these issues, but the links are often ignored. Reflecting violence, injury and disability into these agendas will catalyze further engagement.

During the 2008–2009 biennium, WHO's Department of Violence and Injury Prevention and Disability will continue to strengthen the support it provides to Member States to enhance their efforts to prevent violence and injuries and address the needs of people with disabilities. In addition the Department will be focused on several high-profile global events: in late 2008, launch of the *World report on child injury prevention*; and in 2009, release of the *Global status report on road safety*, hosting of the Fifth Meeting on Milestones in a Global Campaign for Violence Prevention, support to preparations for the first ministerial conference on road safety, and launch of the *World report on disability and rehabilitation*. The Department looks forward to the continued collaboration with its many partners from government, nongovernmental organizations, academia, private sector and foundations to tackle violence and injuries and improve the lives of people with disabilities.

**BOX 13: *Financial contributors to WHO's Department of Violence and Injury Prevention and Disability***

The total annual budget of the WHO Department of Violence and Injury Prevention and Disability approximates US\$ 5 million, of which 25% is allocated from WHO regular budget (mandatory contributions from Member States) and the remaining 75% is received from additional voluntary donations from governments, foundations, UN agencies, nongovernmental organizations and private companies.

The Department gratefully acknowledges the generous financial contributions received during the past two years from the following:

- AGFUND
- Bloomberg Philanthropies
- California Wellness Foundation
- CBM (formerly the Christian Blind Mission)
- F. Felix Foundation
- FIA Foundation for the Automobile and Society
- Global Forum for Health Research
- Government of Austria
- Government of Belgium
- Government of Canada
- Government of Japan
- Government of Norway
- Government of Finland
- Government of Flanders (Belgium)
- Government of Italy
- Government of Japan
- Government of the Netherlands
- Government of New Zealand
- Government of Norway
- Government of Sweden
- Government of the United Kingdom of Great Britain and Northern Ireland
- Government of the United States of America
- International Labour Organization
- International Society for Burn Injuries
- Michelin
- Pan American Health and Education Foundation
- Scania
- Sight Savers
- TNT
- United Nations Children's Fund
- United Nations Development Programme
- United Nations Educational, Scientific and Cultural Organization
- World Bank





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